DOCUMENT RESUME

ED 269 676 CG 019 061

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TITLE Teaching Leadership Skills for Support Group Facilitators.
PUB DATE 22 Apr 86
NOTE 18p.; Paper presented at the Annual Convention of the American Association for Counseling and Development (Los Angeles, CA, April 20-23, 1986).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counseling Techniques; *Counselor Role; Counselors; *Counselor Training; *Group Dynamics; *Leadership Training; *Social Support Groups; Stress Management

ABSTRACT

Evidence in the professional literature that social support in a person's life can lessen the effects of stressful life events makes knowledge of the dynamics of social support and of the workings of the support groups vital for counselors. Social support has been defined by various authors in various ways. Especially helpful to counselors is Gottlieb's (1978) classification of teachable supportive behaviors into the four categories of emotionally sustaining behaviors, problem-solving behaviors, indirect personal influence behaviors, and environmental action behaviors. While most counselors have been trained to work in traditional counseling groups, the support group differs from the counseling group on several dimensions and requires a reorganization of traditional thinking about group leadership and about the clients' ability to help one another. Counselors can become effective facilitators of support groups by understanding the nature of social support, the dynamics of support groups, and the role of the group facilitator at each stage of group development. The training of a support group facilitator involves three steps: (1) acquiring an academic knowledge base about the operation of support systems and groups; (2) being involved in a support group as an observer and as a group member; and (3) developing a small scale support group. It is hoped that counseling professionals will realize the value of social support inteventions and will both incorporate support groups into their practices and train students to use support groups effectively. (NB)

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TEACHING LEADERSHIP SKILLS FOR SUPPORT GROUP FACILITATORS

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Presented at the Annual Convention of the American Association for Counseling and Development on April 22, 1986, in Los Angeles.

ABSTRACT

Counselors can become effective facilitators of support groups by understanding (1) the nature of social support, (2) the dynamics of support groups, and (3) the role of the support group facilitator, and by experiencing support groups as observers and member. This paper begins by justifying the use of support groups by counselors and then behaviorally and explicitly defining social support. The dynamics of a support group are discussed citing the activities of effective support groups. The facilitator's role at each stage of group development is presented with emphasis on the fact that the support group demands a new mindset from the traditionally trained counselor. In the support group, the focus of the group is on member, not professional expertise. Finally, suggestions for training support group facilitators are made.

INTRODUCTION

The last decade has witnessed an increase in the amount of professional literature devoted to the subject of social support and support groups. There is profound evidence that the presence of social support in a person's life will lessen the effects of stressful events, and for that reason, knowledge of the dynamics of social support and of the workings of support groups is vital for a counselor.

In discussing the counseling profession in the 1980's and 1990's, Aubrey and Lewis (1983) encourage counselors to become "buffer builders" (p. 11) by facilitating the development of groups that enable mutual helping. Here, there is the suggestion that natural helpers are effective and that the counselor can serve as a facilitator for linking together people of varying needs.

Ever since the pioneering work of Cassel (1976) and Cobb (1976), there has been interest in the direct and/or buffering effect of social support by social scientists and policy makers. Garbarino (1983) summarizes the research on support systems and states that it has demonstrated importance, whether provided by "...kin, friends, neighbors, [or] volunteer lay helpers" (p. 23). The natural environment seems very capable of providing supports to people, but this is not to suggest that the professional is not needed. Rather, Garbarino stresses that professionals must play a role, but it involves engaging in activities that are beyond the training of most professionals. Policy-makers have expressed interest in support groups for the simple reason that they enable professional skills to reach more people. Hess (1982) believes that support groups "conserve [professional] resources" (p. 1), and they provide the bonds for developing a community that is enduring.

This paper will present material that is intended to prepare counselors who chooses to facilitate support groups as a part of their practice.

DEFINING SOCIAL SUPPORT

Social support is hypothesized to have both a direct effect and a buffering effect on the health and well-being of an individual, and because of this, it can lead directly to the prevention of physical and emotional difficulties. Cohen and Syme (1985) state that

> The direct effect hypothesis argues that support enhances health and well-being irrespective of stress level...The preception that others are willing to help could result in increased overall positive affect and in elevated senses of

> self-esteem, stability, and control over the environment. These psychological states may in turn influence susceptibility to physical illness through their effects on neuroendocrine or immune system functioning...or through changes in helath-promoting behaviors...Membership in social networks may also result in increased senses of predictability, stabilty, and control because they provide the opportunity for regularized social interaction and the concomittant feedback that allows adoption of appropriate roles and behaviors. (pp. 6-7)

In describing the buffering hypothesis, the same authors say that support

> ...exerts its beneficial effects in the presence of stress by protecting people from the pathogenic effects of such stress. In this model, support may play a role at two different points in the stress-pathology causal chain (Cohen & McKay, 1984; Gore, 1981; House, 1981). First, support may intervene between the stressful event (or expectation of that event) and the stress experience by attenuating or preventing a stress response. In short, resources provided by others may redefine and reduce the potential for harm posed by a situation and/or bolster the ability to cope with imposed demands, hence preventing the appraisal of a situation as stressful. Second, support may intervene between the experience of stress and the onset of the pathological outcome by reducing or eliminating the stress experience or by directly influencing responsible illness behaviors or physiological processes. (Cohen & Syme, 1985, p. 7)

Cohen and Syme cite House (1981) who summarize their statement by suggesting that social support may assist in reducing or eliminating the effects of stress in three ways: (1) Social support may enable a person not to perceive a situation as a source of stress; (2) social support may act on the neuroendocrine system to reduce a person's reaction to a stressful situation, or (3) social support may encourage people to engage in more healthful behaviors that will enhance their ability to combat stress.

In his attempt to outline components that contribute to the mental health of an individual, Albee (1982, 1985) specifies that support groups are a major factor. This is a fact that epidemiologists, community psychologists, and social workers have known for many years, but the literature of counseling is only beginning to show evidence of the importance of social support to the physical and mental well-being of the person.

Social support has been defined by various people in various ways. In one of the original essays on social support and mental health, Caplan (1974) stresses the importance of social support to the individual's well-being, and he defines "...'support sys-

tems' as enduring patterns of interaction that help the individual maintain a sense of self" (Lewis and Lewis, 1977, p. 198). Cobb (1976) believes that social support is information that a person receives from others, and this information leads the receiver to believe that he/she "is cared for and loved"(p. 300), "is esteemed and valued" (p. 300), and "belongs to a network of communication and mutual obligation" (p. 300). Pilisuk and Parks (1980) believe that process of social support consists of several kinds of interpersonal interactions that "provide an individual with information, emotional reassurance, physical or material assistance, and a sense of the self as an object of concern" (p. 158). Barrera (1981) combines the beliefs of several authors in deriving the following categories of functional behaviors that comprise social support:

> Material Aid: providing material aid in the form of money and other physical objects;
> Physical Assistance: sharing of tasks;
> Intimate Interaction: interacting in a nondirective manner such that feelings and personal concerns are expressed;
> Guidance: offering advice and guidance;
> Feedback: providing individuals with information about themselves;
> Social Participation: engaging in social interactions for fun, relaxation, and diversion from demanding conditions. (p. 75)

And, Berkowitz (1982) describes a social support system as " an array of individuals, groups, and organizations which maintains order and gives meaning to a person's social existence" (p. 5). In a profoundly influential exercise, he suggests that readers consider their own support system and what it provides.

> It sustains you, both passively and actively. To start with, it gives you security, just by being there, like money in the bank you never touch. More actively, it provides recognition; you are known, as a person. It confers affirmation; you are worthwhile, a valuable person. People in your support system can extend task-oriented assistance ranging from watering the plants when you are away, to providing information on your legal rights, to offering cash payments when you are dead broke. They can give you emotional comfort when you need a sympathetic ear, or someone to guide you through a personal crisis. Your support system stimulates your participation in community life, by allowing you to express your competence, and by supplying you with chances to reciprocate the support you have received. And finally, your supports promote personal growth, by making it easier to take risks; you have the backing to try, the encouragement along the way, the approval if you succeed, the cushioning should you fall. (p. 6)

Finally, Berkowitz (1982) concludes by saying that recent research findings document that social support "protects against emotional illness and contributes strongly to feelings of psychological well-being" (p. 6), and when absent contributes to "emotional and physical disruption" (p. 6).

While these definitions do provide some understanding of the concept and practice of social support, the counselor is left with incomplete understanding and with little basis for teaching others supportive behaviors. Gottlieb (1978), however, provides an explicit listing and illustrations of helping and supportive behaviors, and the beauty of this collection is that each behavior is teachable to others. These are classified into the four broad categories of (1) emotionally sustaining behaviors, (2) problem-solving behaviors, (3) indirect personal influence behaviors, and (4) environmental action behaviors.

In his first category, Gottlieb places twelve 'emotionally sustaining behaviors'

> which describe personal qualities or behaviors of the helper which promote emotionally supportive conditions for the helpee. This class includes a grouping of categories which resemble the core of facilitative conditions associated with constructive client change in the classical counseling literature. (p. 108)

The behaviors include (1) unfocused talking, (2) providing reassurance, (3) providing encouragement, (4) listening, (5) reflecting understanding, (6) reflecting respect, (7) reflecting concern, (8) reflecting trust, (9) reflecting intimacy, (10) providing companionship, (11) providing accompaniment in stressful situations, and (12) providing extended period of care (Gottlieb, p. 110).

In his second category, there are eleven 'problem-solving behaviors' that "describe ways in which the helper supplements the helpee's coping resources by providing new information, and by personally intervening in the problem situation" (Gottlieb, p. 108).

The behaviors that comprise this category are (1) focused talking, (2) providing clarification, (3) providing suggestions, (4) providing problem-solving directives, (5) providing information about the source of the stress, (6) providing referral, (7) monitoring problem-solving directives, (8) buffering the helpee from the source of stress, (9) modeling and providing testimony of own experience, (10) providing material aid and/or direct service, and (11) distracting the helpee from problem focus (Gottlieb, pp. 110-111).

The third category of supportive behaviors that Gottlieb de-

fines is entitled 'indirect personal influence' and includes two behaviors

> which represent latent types of influence. Here, the helper's influence is not necessarily extended in an ongoing interaction, but rests on the helpee's conviction that the helper or the helper's resources are available when needed. (p. 108)

These behaviors convey reliability and comprise (1) reflecting unconditional access and (2) reflecting readiness to act (Gottlieb, p. 111).

Gottlieb's last category of supportive behaviors denotes the the concept of social advocacy and is labeled 'environmental action.' Here, the helper provides social support to the helpee by intervening in the helpee's environment to either eliminate or reduce the source(s) of stress.

DYNAMICS OF A SUPPORT GROUP

Most counselors have been trained to work within the context of the traditional counseling group. This group is lead by a professionally trained individual, and members of the group are typically screened to insure their "fit" with the goals of the group. During the group, members are usually free to do as they wish, but in reality, the leader keeps the flow going and retains control of the activities. The leader is the expert, and members look to the leader for direction and assistance in handling their problems and concerns.

Levy (1976) contains the beginning of a description of what happens in support groups, and in Levy (1979), the processes operating in these groups are divided into those that are behaviorally oriented and those that are cognitively oriented. The following behaviorally oriented processes may not appear unique, but in a support group where members are both givers and receivers, they are unique (Levy, 1979). These processes include (1) use of "direct and vicarious social reinforcement" (p. 246) to shape desirable actions and to eliminate or control problem actions; (2) "training, indoctrination, and support in the use of various kinds of self-control behaviors" (p. 247); (3) modeling of strategies for coping with stress and for behavior change; and (4) giving members behaviors they can use to make changes in the way they live.

According to Levy (1979), the cognitively oriented processes within support groups enable members to improve their coping abilities, develop their problem-solving skills, and change their perceptions of themselves and their problems. These processes include (1) providing a rationale that explains the problem and

how involvement in the group will enable coping; (2) giving of advise and information; (3) expanding understanding of their own problem and possible coping actions by exposing them to the circumstances of others; (4) enhancing discrimination abilities regarding the contingencies to which they respond; (5) supporting attitude change regarding self, actions, and environment; (6) reducing feelings of isolation and doubt through comparison with others in the group and through "consensual validation" (Levy, 1979, p. 254); and (7) developing an environment conducive for growth into new concepts of one's self.

Levy (1979) also lists twenty-eight help-giving activities that take place in support groups. They provide an insight into some of the member-to-member behaviors that occur and which can be taught to group members to enable the group to operate more constructively. These behaviors are (1) behavior prescription, (2) behavioral proscription, (3) behavioral rehearsal, (4) positive reinforcement, (5) punishment, (6) extinction, (7) modeling, (8) self-disclosure, (9) sharing, (10) confrontation, (11) encouragement to share, (12) reflection and paraphrasing, (13) requesting feedback, (14) offering feedback, (15) reassurance of competence, (16) justification, (17) mutual affirmation, (18) empathy, (19) normalization, (20) morale building, (21) personal goal setting, (22) establishing group's goals, (23) reference to group's norm, (24) consensual validation, (25) functional analysis, (26) discrimination training, (27) explanation, and (28) catharsis (pp. 260-263).

The support group differs from the counseling group on a number of dimensions. Riessman (1983) characterizes effective support groups as those in which (1) help-giving is a norm that is distributed broadly across the group; (2) there is cohesion and commitment; (3) new members are added and older members become help givers; (4) members give personal help as well as seeking broader environmental (institutional) change; (5) leadership is shared by all members; (6) there are rewards for participation; (7) there is an ideology which enables members to understand what they are experiencing and there is a strategy that enables them to cope with their problem; (8) members are involved in a very definite problem situation; (9) members have developed "tradition and structure" (p. 10); (10) there is a knowledge base that results from the experiences of the members; (11) there is some kind of affiliation with an appropriate professional community; (12) there is an evenness between formality and informality; (13) there are a variety of supportive activities; (14) there is attention paid to the fact that some members may fall back to old behavior patterns; (15) there is a strong group belief in its effectiveness; (16) there is homogeneity of members with regard to "background, age level, education, and interests" (p. 11); (17) the necessary resources for functioning are available; (18) change is sought in member behaviors as well as attitudes and thoughts; (19) there is some kind of national affilitation; (20)

meetings are held in places that are convenient and rewarding; (21) there are at least two people with lots of "energy"; and (22) there is a social and recreational component to meetings.

It can be said that the support group has a major dynamic and that is the expertise of members. They interact through their stories of pain and coping, and they learn from each other. Along the way, they exchange with each other a multitude of behaviors that enable members to feel good about themselves, to not feel alone in their plight, and to better cope with their presenting concerns.

THE COUNSELOR AS FACILITATOR OF SUPPORT GROUPS

As stated in the preceding section, the counselor who facilitates a support group takes on a different posture from that of a typical leader of a counseling group. Silverman (1980) cautions that facilitators will only be effective in working with support groups if they change how they view their own role in creating change. For her, the focus must be on enabling members of the group to help each other and themselves. Silverman (1986) states even more strongly that

> If professionals....believe that mutual help groups cannot do their work without the help of a professional and that lay people should not be helping with personal problems, these professionals should not seek such collaboration. (p. 72)

Mallory (1984) concurs by stating that facilitators must understand how support groups are therapeutic, because in the support group, expertise lies in each member. "... it is the sharing of expertise gained from life experience that provides members with new options and support" (p. 24). He illustrates his contention with the following:

> The distinction can be reflected in the cost of participation in a group. While minimal dues may be paid to maintain a self-help group, these dues are often optional and are paid to the group, not to the facilitator. In a therapy group the therapist is hired for his or her expertise and is not a member in the full sense of the word. Each member has a legitimate expectation that the therapist will use expertise to the client's advantage in the group. The therapist, by virtue of the contract and the money exchanged and his or her knowledge, is the final authority. The therapist will use some techniques in the exercise of his or her profession that would be inappropriate in a self-help group. In a self-help group the helper role shifts from member to member, thus ensuring that input by all is maximized. It is not appropriate for the therapist to expect to get his or

her needs met in the therapy group. (pp.24-25)

And, Pearson (1986) encourages professionally trained group leaders to remember that "...there are many groups that do very well without professional assistance" (p. 66).

Thus, the facilitator must shift orientation, and perhaps, it might be most appropriate if the leader shares the dominant problem or concern that is the focus of the group. Coplon and Strull (1983) suggest that it is most common for counselors to be involved in facilitating a support group in which they are also peers who share common problems with the group. This seems desirable but not absolutely necessary. Silverman (1980) suggests a novel compromise in which the professional co-leads the group with someone "...who has had personal experience with the problem under consideration" (p.40).

As the facilitator approaches the task of organizing and developing a support group, it is well to keep in mind those qualities that make this kind of group effective. Silverman (1980) states that it is the job of the facilitator to bring together people who are in similar situations and then to make easy the process of their sharing of experiences and of their teaching one another how to cope. Humm (1979) characterizes effective support groups as groups that

(1) are constantly expanding, thus allowing for older members to model and play the helper role;
(2) develop many leaders and helpers with considerable shared leadership;
(3) provide many pay-offs or extra gains -- such as media attention, etc.;
(4) have developed strong ideologies, missions, whether a social ideology or the AA type;
(5) have resources -- meeting place, newsletter, funds;
(6) have developed strong group traditions;
(7) have developed varied activities;
(8) have developed a strong experiential knowledge base. (p.8)

It is apparent from this list that facilitators can have many responsibilities. He or she can assist in much of the coordination, but in the process the emphasis must be on enabling members of the group to assume responsibility for modeling, leading, etc.

Coplon and Strull (1983) use a group development model having five steps (preaffiliation, power and control, intimacy, differentiation, and separation) to discuss the roles held by prosionals who lead support groups. According to this model and their application of it, the professional facilitator is much more active at the beginning of the group than in later stages (p.261).

Prior to the preaffiliation stage, the facilitator can be involved in many tasks. First, members of the group need to be recruited, and if facilitators know of several people with a common problem or concern, they can become organizers and brokers for the group. Second, when a few people have been identified, it may be appropriate to encourage them to begin to define a purpose for the group prior to its first meeting. Third, Humm (1979) suggests that a core group is effective in planning for a larger group, and the facilitator might want to consider establishing such an entity for the purposes of finding other potential members, establishing a purpose, and planning the first meeting. Humm (1979) suggests attention to membership requirements and cautions facilitators to keep in mind that support groups are usually informal, and it should be easy for members to join as well as to leave without hassle.

During the preaffiliation phase, the group meets for at least the first time, and members are characterized by not knowing one another and by being anxious about being together. Here, the facilitator can begin with an explanation of how the support group

> ...process works and the sort of "division of labor" that makes it possible. You might say something to the effect that while you understand something about group process, and, as leader, will try to create an atmosphere in which everyone will feel able to speak but no one person will dominate the proceedings, the group participants also have expertise to bring to the process, that they are the ones who understand best the problems they are experiencing, and that it is from the interchange among them that solutions to those problems may emerge. (Silverman, 1980, p.40)

The facilitator, also, needs to bring about discussion of the personal goals that members might have. Because of knowledge of the members, the facilitator might provide initial goals and even have some kind of exercise to help members come to know each other. This is in contrast to the traditional therapy group in which "... the leader would typically, at this stage, present the contract to the group" (Coplon and Strull, p. 261). Here, it is important for the members of the group to understand the role of the facilitator and to realize that that role will change during the course of the group. Members need to know that the facilitator plans to attend most of the first several meeting and then will begin to attend less frequently becoming more of a consultant in group dynamics to the group, according to Coplon and Strull.

The second stage of the group described by Coplon and Strull is characterized by internal concern over power and control issues. In support groups, "... ...the membership tends to become more homogeneous because those who feel quite different from the majority often choose to drop out during stage one (preaffilia-

tion)" (Coplon and Strull, p. 262). If there are struggles over power and control, it is the facilitator to whom they are directed. This may originate from the group's ambivilence toward the facilitator, because there is gratitude in that he/she has organized the group and brought them together, but at the same time, members may resent the facilitator for exercising continuing power (Coplon and Strull, 1983). If there does seem to be an issue of power and control within the group, or if members appear ambivilent about the facilitator's presence, it may be necessary for the facilitator to assess personal behaviors in relation to group needs. If the facilitator is hampering group development by assuming too much control, then controlling behaviors should be withheld.

The third stage of group development involves increased intimacy among members. Here,

> Members are able to share increasingly personal information and pain; they are more trusting of each other and dependent upon one another's mutual support. They also feel power in their sense of unity and cohesion and can ask for professional input more comfortably without fear of losing control. (Coplon and Strull, p.263)

> During this stage, there are more sharing and spontaneous conversation because the group is much better equipped to guide itself, choose its own topics, and solve internal problems. (Coplon and Strull, p. 263)

At this point, the group has finally arrived on its own, and the facilitator has a choice of two distinct kinds of action. It may be appropriate to provide suggestions and create awarenesses (Coplon and Strull, p.263), for now, the group may be able to handle it without resentment. Or, the facilitator may begin to move away from frequent contacts with the group, for it is ready to act on its own.

The fourth stage in the development of the group is characterized by differentiation. In this stage,

> ...members begin to turn their attention away from the group as the primary focus of interaction and toward themselves as distinct individuals. The intimacy shared by members is still present and they have gained strength from group relationships, but now readiness is shown to turn to outside sources for support and gratification. (Coplon and Strull, p. 264)

The professional facilitator is not involved in the group at this point, except for an occasional request for consultation. The group does, however, feel that it can call upon the facilitator as needed.

The final stage in the development involves termination, and the facilitator can make this stage evolve more easily than the members. Here, members might need to receive "permission to end and move on to other experiences" (Coplon and Strull, p. 264). Thus, the facilitator will have gone full-circle with some members, from recruitment to ending and send-off. The trust that is built from this process is invaluable in helping clients, as well as in freeing them to grow on their own.

SUGGESTIONS FOR TRAINING SUPPORT GROUP FACILITATORS

The training of a support group facilitator involves three broad areas. First, there is a need to acquire an academic knowledge base regarding the operation of support systems and of support groups. Second, there is a need to involve the trainee in observation of, and membership in, an organized support group. And, third, there is a need to allow the trainee to develop a small scale support group.

An introductory academic knowledge of support systems and support groups can be obtained through reading the listing of references for this paper and by reviewing social work and community psychology journals. New information is being published each month in a wide variety of fields, and the curious person will benefit from looking at the disciplines that have traditionally favored an emphasis on the environment as therapeutic agent.

The trainee will benefit immeasurably from direct experience in an organized support group. Humm (1979) believes that a person interested in support groups learns the most from involvement with an established group. Through either observing or full-membership, the trainee will gain insights into the operational processes of the group. Humm encourages beginners to be courageous in seeking knowledge of support group, and to him, "... the best way to learn is by doing" (p. 11).

> Go to an open meeting of Alcoholics Anonymous and listen to how people find a way to share their stories. If a group announces a program to which the public is invited (check neighborhood publications for these announcements), go and see how such an evening is conducted. Go with a checklist of things that you want to find out, such as:
>
> -- How are new people greeted when they come in?
>
> -- How is the meeting organized?
>
> -- What kinds of roles do group leaders play at meetings?
>
> -- How many people does the group rely upon to run their coffee and social hour?

-- How does the set-up of the room enhance or hinder what they are trying to accomplish at a meeting?

-- How did they find their space and how did they pay for it (if they do)? (Humm, pp.11-12)

In addition to Humm's questions, the observer might look for answers to the following:

-- What is the history of the group and why was it begun?

-- How are members recruited?

-- What are the main requirements for membership?

-- What is the dominant ideology or philosophy of the group?

-- What printed materials will the group, or its national headquarters share with you?

-- What happpens during a meeting of the group? Who talks and what do they say?

-- If there is a professional facilitator, how is he/she involved?

-- What cognitive and/or behavioral processes are taking place during the session?

-- How is the time during the group meeting used? Is it all serious member interaction, or is there time for socializing or other things?

-- What is the contact between members outside of the group? How is this facilitated and structured?

The answers to all of these questions can be reported back to the class of which the trainees are members.

After the trainee has gained academic knowledge of support systems and support groups, and has observed and been a part of an organized group, it is time to have the experience of organizing and implementing a support group. This task can be carried out in the following settings:

A. Within a counselor education program, the trainee can organize peers who are having a common experience (e.g., practicum students, students preparing for comprehensive exams, students writing their theses, etc.);
B. Within a campus, the trainee can organize students who are having a common experience (e.g., drug and alcohol

concerns, divorcing parents, death of a parent, major examinations, etc.);

C. Within the community, the trainee can organize individuals who are having a common experience (e.g., teachers in a school setting, students within that setting who come from alcoholic homes, people in the larger community who are struggling with some malady, family members of persons in the community who are suffering from some malady, etc.).

The development of the small scale support group should be supervised by a counselor educator who has had experience with facilitating support groups. It is helpful if several trainees engage in the process together, for they can share their learning experiences and support one another.

CONCLUSIONS

The power of social support groups as counseling interventions are just beginning to be recognized. Their use requires a reorientation of traditional thinking about group leadership and of the inherent ability of clients to help each other. The uniqueness of the process necessitates that the facilitator be trained in its implementation. It is hoped that counselors will realize the impact of social support interventions, including support groups, and will incorporate them into their practice. Likewise, it is hoped that counselor educators will see the value of social support interventions and will prepare their students to effectively use them.

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